

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047547

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 1

FILED JAN 14 1963

## 1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Lexington

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Lexington Memorial Hosp

Inside Limits

Yes ☒ No ☐

c. CITY

OR  
TOWN

Lexington

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

615 Franklin St.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First  
BERTHA

Middle  
KATHRYN

Last  
WHITLEY

## 4. DATE

OF  
DEATH

Month

December

Day

22

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

June 27 1904

## 9. AGE (last birthday)

58

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Motel Operator

## 10b. KIND OF BUSINESS OR INDUSTRY

Motel Business

## 11. BIRTHPLACE (City and state or country)

Odessa, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.S.A.

## 13a. FATHER'S NAME

George Siglock

## 13b. MOTHER'S MAIDEN NAME

Osie Snider

## 14. NAME OF HUSBAND OR WIFE

Harvey Ellis Whitley

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

## 16. SOCIAL SECURITY NO.

No

## 17. INFORMANT

Mrs. Virginia Johnson

## Address

Lexington Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Adrenal insufficiency

## INTERVAL BETWEEN ONSET AND DEATH

3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

☐

## 20f. CITY, TOWN, OR LOCATION

☐

## COUNTY

☐

## STATE

☐

## 21. I attended the deceased from

1953

to 12-22-62

and last saw her alive on 12,22,62

Death occurred at

11:30 a.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

J. W. Ward

(Degree or title)

M.D.

## 22b. ADDRESS

Lexington, Missouri

## 22c. DATE SIGNED

12,26,62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12-24-62

## 23c. NAME OF CEMETERY OR CREMATORY

Lexington Memory Gardens

## 23d. LOCATION (City, town, or county)

Lexington, Mo.

## 24. FUNERAL DIRECTOR

Vaughn-Walker

## ADDRESS

Lexington, Mo.

## 25. DATE RECD. BY LOCAL REG.

1-4-63

## 26. REGISTRAR'S SIGNATURE

Wm. E. T. T. T.

JAN 14 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold R. Walker*

Licensed Embalmer No. 4588

P. O. Address

Lexington, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.